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APPLICANTS

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*XO***** CONTINUING DATA *******

This application is a 371 of PCT/EP04/06630 06/18/2004

*XO***** FOREIGN APPLICATIONS *******

GERMANY 103 31 723.6 07/11/2003

*XO***IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 05/03/2006

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 0	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

Kappa agonists, especially for the treatment and/or prophylaxis of irritable bowel syndrome

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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